

NATIONAL CREDIT UNION ADMINISTRATION
ALEXANDRIA, VIRGINIA 22314-3428
OFFICIAL BUSINESS



Credit Union Profile Form

TO THE BOARD OF DIRECTORS OF THE CREDIT UNION ADDRESSED:

This booklet contains the Form 4501A Profile. The effective date of this form is June 30, 2021 and will remain in effect until superseded. Instructions and quarterly filing dates are available on the NCUA's website at www.ncua.gov.

The Profile Reporting Instructions page contains the filing requirements. Please note, the Profile must be certified in conjunction with the filing of the Form 5300 Call Report.

The NCUA website provides the quarterly filing date. In addition, credit union contacts of record will continue to receive quarterly email notifications of the cycle highlights.

If you have any questions, please contact your National Credit Union Administration Regional Office or your state credit union supervisor, as appropriate. Please direct any technical questions to NCUA Technical Support at 1-800-827-3255.

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

Reporting Requirements

Provide Updated Information: In accordance with NCUA regulations part 741, insured credit unions are required to update their profile information within 10 days of the election or appointment of senior management and volunteer officials, or within 30 days of any change.

Records Retention: Credit unions should retain a copy of the information used to complete the profile as a part of the permanent records of the credit union.

The instructions to prepare this form meet the requirement to provide guidance to small credit unions under Section 212 of the Small Business Regulatory Enforcement Fairness Act of 1996.

Paperwork Reduction Act Statement

The estimated average public reporting burden associated with this information collection is 2 hours per response. Comments concerning the accuracy of this burden estimate and or any other aspect of this information collection, including suggestions for reducing this burden should be addressed to the:

National Credit Union Administration
Office of General Counsel
Attn: PRA Clearance Officer
1775 Duke Street
Alexandria, VA 22314-3428

An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a valid OMB control number.

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

Certification

I understand each operating insured credit union must update their credit union profile within 10 days after the election or appointment of senior management or volunteer officials, or within 30 days of any change of the information in the profile. I hereby certify to the best of my knowledge and belief the information provided is current and accurate. I make this certification pursuant to sections 106, 120, and 204 of the Federal Credit Union Act (12 U.S.C. 1756, 1766, and 1784).

Certified By

Last Name: _____ First Name: _____ Date: _____
Certified Correct By Please Print

Full Name : _____
Certified Correct By (Signature)

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

Certify Compliance
Minimum Security Devices and Procedures - NCUA Regulations Part 748
Federally Insured Credit Unions Only

I hereby certify to the best of my knowledge and belief that this credit union has developed and administers a security program that equals or exceeds the standards prescribed by part 748.0 of the NCUA regulations; that such security program has been reduced to writing, approved by this credit union's Board of Directors; and this credit union has provided for the installation, maintenance, and operation of security devices, if appropriate, in each of its offices. Further, I certify that I am the president or managing official of the credit union or that the president or managing official has authorized me to make this submission on his/her behalf.

Certified By

Last Name: _____ First Name: _____ Date: _____
Certified By (Please Print)

Job Title : _____
Please Print

Full Name : _____
Certified By (Signature)

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

General Information

1. Select the type of credit committee the credit union has:

- a. Elected b. Appointed c. No Committee

2. Provide the credit union's Employer Identification Number (EIN) : _____

3. Provide the Research Statistics Supervision and Discount (RSSD) ID number issued by the Board of Governors of the Federal Reserve System. _____

4. Is your credit union a member of the Federal Home Loan Bank?

- a. Yes b. No

5. Has your credit union filed an application to borrow from the Federal Reserve Bank Discount Window?

- a. Yes b. No

6. Has your credit union pre-pledged collateral with the Federal Reserve Bank Discount Window?

- a. Yes b. No

7. Does your credit union sponsor a qualified defined benefit plan?

- a. Yes b. No

8. Does your credit union participate in a multiemployer defined benefit plan?

- a. Yes b. No

Contacts and Roles

The credit union must provide information for the Mandatory Job Titles and Mandatory Roles listed below. These individuals may be officials, volunteers, or employees of the credit union. *NCUA will not release information regarding mailing addresses, email addresses, phone numbers, and fax numbers to the public. Please reference the Profile Instructions for additional guidance.*

Provide information for the following:

Mandatory Job Titles		Mandatory Roles	
Manager or CEO	Supervisory Committee Chairperson	Call Report Contact	Primary Patriot Act Contact
Board Chairperson	Supervisory Committee Members	Profile Contact	Secondary Patriot Act Contact
Board Vice Chairperson	Credit Committee Chairperson	Primary Emergency Contact	Third Patriot Act Contact (optional)
Board Treasurer	Credit Committee Members	Secondary Emergency Contact	Fourth Patriot Act Contact (optional)
Board Members		Information Security Contact	

1. Salutation*
 2. First Name* 3. Middle Initial 4. Last Name*

5. Job Titles - * Indicates the credit union is required to provide information for these *mandatory job titles*.

- a. Manager or CEO*
- b. Board Chairperson*
- c. Board Vice Chairperson*
- d. Board Secretary
- e. Board Treasurer*
- f. Board Member*
- g. Supervisory Committee Chairperson*
- h. Supervisory Committee Member*
- i. Credit Committee Chairperson, if applicable*
- j. Credit Committee Member, if applicable*
- k. Chief Financial Officer
- l. Chief Information Officer
- m. Internal Auditor
- n. Other

6. Roles - * Indicates the credit union is required to provide information for these *mandatory roles*.

- a. Volunteer
- b. General Credit Union Contact
- c. Call Report Contact*
- d. Profile Information Contact*
- e. Primary Patriot Act Contact*
- f. Secondary Patriot Act Contact*
- g. Third Patriot Act Contact, optional
- h. Fourth Patriot Act Contact, optional
- i. Primary Emergency Contact*
- j. Secondary Emergency Contact*
- k. Credit Union Employee
- l. Information Security Contact*

7. Credit Union Employment Type* - The credit union is required to provide the employment type for all *Mandatory Job Titles and Roles*.

- a. Full-time
- b. Part-time
- c. Volunteer

8. Home Address Information* - The credit union is required to provide this information for all *Mandatory Job Titles*

Address Line 1:
 Address Line 2:
 City: State: Postal Code:
 Home country: Home email:
 Home phone: Home cell: Home fax:

9. Work Address Information - The credit union is required to provide a work phone number for all *Mandatory Roles*

Address Line 1:
 Address Line 2:
 City: State: Postal Code:
 Work country: Work email: Work cell:
 Work phone*: Work extension: Work fax:

Sites

The section of the profile is a **mandatory** section and must include the following site types and site functions:

Site Types
· Corporate Office
· Branch Office(s)

Site Functions
· Vital Records Center
· Location of Records
· Disaster Recovery

Mandatory fields are identified with an asterisk (*). Please reference the instructions for additional guidance.

1. ***Site Name:**

2. ***Operational Status:** a. Normal b. Planned c. Suspended - Emergency

3. ***Site Type:** a. Corporate Office b. Branch Office c. Other (Please Specify)

4. ***Is Main Office:** a. Yes b. No

5. ***Hours of Operation:**

6. ***Physical Address:**

Address Line 1:

Address Line 2:

City / State / Postal Code:

County Country

7. ***Mailing Address:** Same as Physical Address Same as Main Office address

Address Line 1:

Address Line 2:

City / State / Postal Code:

County Country

8. ***Phone Numbers:**

Phone Extension

Fax

9. ***Site Function(s):**

Non-Public Site Functions	Public Site Functions (published in the Credit Union Locator)
<input type="checkbox"/> a. Disaster Recovery Location	<input type="checkbox"/> i. Shared Service Center/Network
<input type="checkbox"/> b. Location of Records	<input type="checkbox"/> j. ATM
<input type="checkbox"/> c. Vital Records Center	<input type="checkbox"/> k. Drive Thru
<input type="checkbox"/> d. Backup Generator	<input type="checkbox"/> l. Member Services
<input type="checkbox"/> e. Future Office	
<input type="checkbox"/> f. Hot Site	
<input type="checkbox"/> g. Planned Evacuation Site	
<input type="checkbox"/> h. Other	

Payment System Service Provider (PSSP) Information

1. Select the credit union's Primary Settlement Agent (i.e., Member share draft clearing, ACH transactions, etc. -- See Instructions)

- | | | |
|--|----------------------------------|--|
| <input type="checkbox"/> a. Federal Reserve Bank | <input type="checkbox"/> b. CUSO | <input type="checkbox"/> c. Corporate Credit Union |
| <input type="checkbox"/> d. Federal Credit Union | <input type="checkbox"/> e. Bank | <input type="checkbox"/> f. Other Credit Union |
| <input type="checkbox"/> g. Not Applicable | | |

2. Select the name of the main payment system service provider.

a. If other was selected, please specify

3. Identify the payment service(s) provided by the main payment system service provider. (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement | <input type="checkbox"/> b. Credit Card Processing and Settlement | <input type="checkbox"/> c. Wire Transfers |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other (Please Specify) |

4. Select the name(s) of additional payment system service providers.

a. If other was selected, please specify

5. Have you changed or do you plan to change payment system service providers within the next 12 months?

- | | |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> a. Yes | <input type="checkbox"/> b. No |
|---------------------------------|--------------------------------|

6. Select the name of the new provider :

a. If other was selected, please specify

7. Identify payment service(s) affected by this change. (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Share Draft Processing and Settlement | <input type="checkbox"/> b. Credit Card Processing and Settlement | <input type="checkbox"/> c. Wire Transfers |
| <input type="checkbox"/> d. ATM and Debit Processing and Settlement | <input type="checkbox"/> e. Electronic Funds Transfer and Direct Deposit | <input type="checkbox"/> f. Other (Please Specify) |

8. Systems used to process electronic payments (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> a. Fedline Advantage | <input type="checkbox"/> b. Corporate Credit Union | <input type="checkbox"/> c. Correspondent Bank |
| <input type="checkbox"/> d. CUSO | <input type="checkbox"/> e. CHIPS | <input type="checkbox"/> f. FedWire |
| <input type="checkbox"/> g. EPN | <input type="checkbox"/> h. Other (Please Specify) | |

9. If the credit union performs ACH transfers, are they domestic, international, or both? (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

10. If the credit union is an Originating Depository Financial Institution, what types of ACH transactions are originated by the credit union? (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> a. PPD - Prearranged Payment and Deposit Entry | <input type="checkbox"/> b. WEB - Internet Initiated/Mobile Entry |
| <input type="checkbox"/> c. TEL - Telephone Initiated Entry | <input type="checkbox"/> d. IAT - International ACH Transactions |
| <input type="checkbox"/> e. Other Consumer Entry Codes | <input type="checkbox"/> f. Other Business Entry Codes |

11. If the credit union performs wire transfers, are they domestic, international, or both? (check all that apply):

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> a. Domestic | <input type="checkbox"/> b. International |
|--------------------------------------|---|

12. Which method(s) can a member use to initiate electronic payments (e.g. wire transfer, ACH, etc.) from the credit union (check all that apply):

- | | | |
|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> a. Email | <input type="checkbox"/> b. Fax | <input type="checkbox"/> c. Online Banking |
| <input type="checkbox"/> d. Telephone | <input type="checkbox"/> e. In Person | <input type="checkbox"/> f. Other (Please Specify) |

Information Technology (IT)

1. Does the credit union have a website? a. Yes b. No
 a. Website Address : _____
2. Where is the website hosted ? a. Internal b. External
3. Provide the name of the external website vendor : _____
4. Select the service(s) offered : a. Informational Website b. Mobile Application c. Online Banking
5. If a credit union has online or mobile banking, how many members use it? _____
6. Which wireless networks, if any, does the credit union operate:
 a. Public or Guest Network b. Private or Restricted Network
7. Data Processing System used to maintain credit union records:
 a. Manual System b. Vendor Supplied In-House System
 c. Vendor Online Service Bureau d. CU Developed In-house System
8. Name of the primary share/loan data processing vendor: _____
9. If the credit union has undergone or plans to undergo a Core Data Processing Conversion, please provide the following:
 a. Date of Conversion: _____
 b. Core Processor Converting/Converted to: _____
10. Select the service(s) the credit union offers electronically:
 a. Account Aggregation b. Bill Payment c. Download Account History
 d. Electronic Signature Auth./Cert. e. E-Statements f. External Account Transfers
 g. Loan Payments h. Member Application i. Merchant Processing
 j. Mobile Payments k. New Loan l. New Share Account
 m. Remote Deposit Capture n. Other (Please Specify)

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

Regulatory Information

1. Please provide the date of the most recent annual meeting held by the credit union: _____
2. Please provide the effective date of the most recent supervisory committee or financial statement audit: _____
3. Please select the last type of audit performed for the credit union's records:
 - a. Financial statement audit performed by state licensed persons
 - b. Supervisory Committee audit performed by state licensed persons
 - c. Supervisory Committee audit performed by other external auditors
 - d. Supervisory Committee audit performed by the supervisory committee or designated staff
4. Provide the name of the Audit Firm or Auditor (see instructions) _____
5. Please provide the effective date of the most recent Supervisory Committee verification of member's accounts : _____
6. Please select who completed the verification of member's accounts: a. Supervisory Committee b. Third Party
7. Provide your Supervisory Committee contact information for public/official correspondence
 Mailing Address: _____ Email: _____
 Mailing City: _____ State: _____ Zip Code: _____
8. Provide the effective date of the most recent Bank Secrecy Act Independent Test: _____
9. Indicate the Fidelity Bond Provider Name : _____
10. Indicate the amount of Fidelity Coverage for any Single Loss (RR 713.5): _____
11. Please provide Section 701.4 certification date (Federal Credit Unions Only):

 Certification Date
12. Please provide Section 701.4 certifier's name (Federal Credit Unions Only):

 Certified By
13. Please provide Section 701.4 certifier's job title (Federal Credit Unions Only):

 Job Title
14. Does your credit union meet any of the following criteria? (Yes/No) _____
 - Credit union with 100 or more employees; or
 - Credit union with 50 or more employees and:
 - 1) Has a contract of at least \$50,000 with the Federal government; or
 - 2) Serves as a depository of U.S. government funds of any amount; or
 - 3) Serves as a paying agent for U.S. Savings Bonds.
 - a. If yes, what is the last date you filed an EEO-1 Survey Report with the U.S. Equal Employment Opportunity Commission (MM/DD/YYYY)? _____
 - b. If yes, do you have a diversity policy and/or program in your credit union? (Yes/No) _____
15. LIBOR Exposure:
 - a. Does your Credit Union have any member related transactions (for example loans or shares) indexed to LIBOR?
 Yes No
 - b. Does your Credit Union have any non-member or counterparty transactions (for example investments or derivatives) indexed to LIBOR?
 Yes No
16. List any trade names the credit union uses for signage or advertising.

Credit Union Name: _____

Report Date: _____
Federal Charter/Certificate Number: _____

Disaster Recovery Information

1. In the event of a disaster, will the credit union communicate with members through a website ?

- a. Yes b. No

2. Please check the resources or services you have available and would be willing to share with other credit unions during the time of an emergency if you did not need them. (Check all that apply)

- a. Cash Non-Member Share Drafts b. Generator c. IT Support
 d. Mobile Branch e. Office Space f. Staff/Management Services

3. Please provide the date of the last disaster recovery test completed by the credit union: _____

4. Indicate the method(s) used for the last disaster recovery test completed by the credit union.

- a. Orientation/Walk Through b. Tabletop/Mini-Drill
 c. Functional Testing d. Full-Scale Testing

Credit Union Programs and Member Services

1. Credit Union Programs (Check all that apply)

- a. Mortgage Processing
- b. Deposits and Shares Meeting 703.10(a)
- c. Approved Mortgage Seller
- d. Brokered Certificates of Deposit
- e. Brokered Deposits (all deposits acquired through a third party)
- f. Investment Pilot Program (FCU Only)

Payday Alternative Loans (PALs I & II - FCU Only)

- g. PALs I (FCU Only)
- h. PALs II (FCU Only)

2. Member Service and Product Offerings (Check all that apply)

Financial Literacy Education

- a. Financial Counseling
- b. Financial Education
- c. Financial Literacy Workshops
- d. First Time Homebuyer Program
- e. Credit Management and Repair
- f. Online Financial Literacy

Consumer Initiated Remittance Transfers

- a. International Remittances
- b. Low-cost Wire Transfers
- c. Proprietary remittance transfer services operated by the CU
- d. Proprietary remittance transfer services operated by another person

Other Member Services and Products

- a. No Cost Share Drafts
- b. No Cost Bill Payer
- c. No Cost Tax Preparation Services
- d. Share Certificates with low minimum balance requirement
- e. Student Scholarship
- f. Credit Builder
- g. Bilingual Services

In-School Branches (If checked, specify number of branches)

- a. Elementary School
- b. Middle School
- c. High School

Youth Savings Accounts/Programs

- a. Offer Custodial Accounts
- b. Offer Non-Custodial Accounts

3. Shared Service Centers/Networks a. Yes b. No

4. Payday Alternative Loans (PALs I and II loans) program (FCUs Only) - Place a "✓" in the associated box for all the credit union offers (Check all that apply)

- a. Credit Bureau Reporting
- b. Financial Education
- c. Forced Savings Component
- d. Payroll Deduction

5. Minority Depository Institution Questions

Are more than 50% of your credit union's current and eligible potential members Asian American, Black American, Hispanic American, or Native American? If yes, please identify the minority group(s) that apply:

- a. Asian American
- b. Black American
- c. Hispanic American
- d. Native American

Is more than 50% of your credit union's board of directors Asian American, Black American, Hispanic American, or Native American? If yes, please identify the minority group(s) that apply:

- a. Asian American
- b. Black American
- c. Hispanic American
- d. Native American

Credit Union Name: _____

Report Date: _____
 Federal Charter/Certificate Number: _____

Credit Union Grant Information

This page must be completed if the credit union receives grant funds.

Grant Information - Please provide information on any grants you have received since the last time you reported.

Grantor Type and Grantor	Date Awarded	Amount Awarded	Grant Type*
Government (State, Local, Federal)			
Community Development Financial Institution			
Department of Education			
Department of Health and Human Services			
Federal Home Loan Bank			
Housing and Urban Development			
Internal Revenue Service			
NCUA Technical Assistance Program			
Small Business Administration			
US Department of Agriculture			
Other (Please Specify):			
Other (Please Specify):			
Trade Associations			
National Credit Union Foundation			
National Federation of Community Development Credit Unions			
State League Foundation			
Other (Please Specify):			
Credit Unions and Banks			
Specify Name:			
Specify Name:			
Foundations (local and national)			
Specify Name:			
Specify Name:			

- *Grant Types:
- a. Capital - unrestricted donation to equity
 - b. Subsidy for Risk or ALLL
 - c. Program Grant
 - d. Pass Through

Merger Partner Registry

This page is optional for credit unions and not required to be completed. If this page is completed, the mandatory fields are identified with an asterisk (*). This information will not be released to the public.

1. Is your credit union interested in expanding its Field Of Membership through a consolidation of another credit union?

- a. Yes b. No

If Yes, Please proceed to the remaining questions.

2. Please provide the name and phone number of the person at the credit union who can be contacted regarding any potential consolidations.

*First Name : _____	*Last Name : _____
*Phone : _____	*Extension : _____
*Job Title : _____	

3. Please identify the geographic areas in which the credit union would be interested. (Select only ONE Box)

- Anywhere in the United States
- Anywhere within Selected States (Please specify states)

- Specific Counties/Cities within a Selected State (Specify the state(s) on lines above)

State	County/Counties	City/Cities